

Medicaid Community Mental Health and Substance Abuse Service Center Liaisons

Second Quarterly Teleconference-January 13, 2010

AGENDA

1) Introductions There was great attendance and participation for this meeting.

2) Medicaid updates:

a. Changes in acceptable diagnosis codes

Medicaid is enforcing correct coding requirements so providers will need to obtain a 2010 ICD-9 coding manual and use the most current, correct codes. Using outdated or incomplete codes will cause the claim to deny.

- Use the diagnosis code that is valid for the date of service you are billing as the system detects the date of service and links to the codes that are valid for that point in time.
- It's important to use the ICD-9 code that would be valid for the date of service you are claiming. For example, if you are completing a claim that has dates of service in 2009, you would use your 2009 manual to locate the correct code (which may have changed for 2010). The effective date for diagnosis code updates to the Medicaid claim payment system is October 1 of each year which is in keeping with the effective date on the ICD-9 coding manuals.
- The DSM-IV and ICD-9 manuals contain essentially the same diagnosis codes with the ICD-9 being the most up to date as far as coding out to the fifth digit and other subtle coding changes.

b. There is a current version of the ICD-9 manual online at: www.icd9data.com

****Thanks to Melanie Mari for this great resource!!****

c. Treating Provider NPI matrix

This project will require the actual *treating* provider's national provider identification (NPI) number to be entered on the claim. Some of your staff that might not have had to previously obtain NPI's will need to obtain their NPI number to comply with the changes. We will provide detailed, step-by-step instructions for folks to follow as the system changes for the project in a month or two.

Examples of new taxonomies include:

- 171M00000X-Case Manager
- 172V00000X-Community Health Worker (IRS & Peer Specialists)
- 163W00000X-RN
- 164W00000X-LPN
- 106H00000X-Marriage and Family Therapist (LMFT's)
- 101YA0400X-Counselor, Substance Abuse (LAT's & CAP's)
- 104100000X-Social Worker (CSW, MSW, **provisionally licensed**, LCSW's)
- 101Y00000X-Counselor (LPC's)
- 103G00000X-Neuropsychologist

I need everyone to take a really good look at these taxonomies to make certain that everyone and every position in their shop is covered under this set. If not, we can add additional taxonomies but would need to do that fairly soon.

- You may have only one NPI but can link multiple taxonomies to that NPI for those staff with multiple roles and/or licensures and certifications.
- CAP's can also use the 'substance abuse counselor' taxonomy.
- The 'Social Worker' category may include certified, provisionally licensed or licensed staff.

d. ACS/Medicaid "interactive voice response" (IVR) system

Review the latest and greatest on this new feature and how to navigate and maximize its usefulness.

The main areas of capability and assistance correlate almost directly to the issues most provider experience that result in a claim denial.

- You may now look up more than three (3) clients at a time. Sessions are running up to 30 minutes per call.
- Detailed information on what each client's eligibility covers as far as services and any limitations.
- Can opt out of the electronic assistance mode and speak with a provider representative any time during the call.

e. Claim denial reasons and rates

-Collaborative development of a training curriculum that focuses on the 5 top common claim denial reasons and how to avoid these denials in the future (this is the topic of our next Medicaid training).

-We will talk about the ACS site visit reports and how to know what your center's denial rates are, which edits are causing the denials and how to resolve the issue to obtain reimbursement.

- Providers receive a detailed report of claims denial issues with their resolution at the time of the ACS provider site visit.
- CMHC and SAC providers are on an annual ACS visit rotation.

-Most denial themes are common and a few others are more specific to individual providers. If I don't touch on a topic you need—please speak up and I can incorporate the info into future trainings or work with your center individually.

3) Training needs and plan:

a. Medicaid billing technical assistance based on errors identified in the ACS/Medicaid site visit reports

-Some themes are common and others are more specific to individual providers. If I don't touch on a topic you need—please speak up and I can incorporate the info into future trainings or work with your center individually.

- The Medicare/Medicaid billing issues were an important topic to most on the call. Providers are e-mailing examples of issues billing for services for this dually eligible population. I will gather the issues and formulate a training agenda that assists with the issues.
- One participant made a great point about individual center's denial rates and often needing a denial from other insurers, or Medicaid, to be able to process a claim with third party liability (TPL) correctly.
- Information about the Medicaid TPL process as described in the CMS 1500 manual-TPL chapter, and helpful tips for providers who aren't getting responses or EOB's from primary insurances in order to bill Medicaid were discussed during the call. Providers are now aware that they can submit a letter with their Medicaid claims (in certain circumstances) in lieu of an EOB or denial to get their claims paid via Medicaid. Medicare is a bit different which is why we need to formulate a training specific to dual eligibles.

b. Other training needs?

-Is Doodle an acceptable way to everyone to gather information on future training needs?

- The call participants expressed that Doodle was an acceptable tool to set meeting dates and gather training and TA ideas.

4) Training methods:

a. What is the preference?

-Teleconference with power points

- The group expressed satisfaction with the current teleconference mode. We can explore any additional training ideas in the future.
 - Net meetings
 - Record trainings and post on web
 - Teleconference with the telehealth equipment?

-Others?

b. What is the group's IT capabilities and preferred mode of training?

c. Means to establish best date for all involved

-Is Doodle working for everyone?

-Is there another preferred method?

d. How to inform those who weren't able to attend

-Posting notes and presentations to the web. How's that going for everyone?

- We will continue to post notes to the web after each call and training for everyone's reference and convenience.

e. Date for next training in February 2010

-Are Wednesdays still a better day for most?

- It was determined that the 1st and 3rd Wednesdays are better for most. With the 3rd Wednesday being preferable to the 1st Wednesday when possible. The morning of the last last Wednesday of the month didn't work for a couple participants and the 2nd and 4th Wednesdays are bad for several other participants.

-Are there any dates in February that just won't work for anyone?

-Doodle e-mail will be sent unless we agree on an alternate method to set dates that work for most.